Date In: 23 k /18-17136		NA 118 109274	
	Jeb description	Date &Time Completed	Done by
Rel No: NA   NC 180K353 /24	SAS e-filing		
Veh No: JKMX287H	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 23/8/18-15:10	i-Motor Claim Form	100-03 NACCI [LW]	23/8/5 18:02
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr		
OD / FF   Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
11 hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel: F	ax:
TP Particulars: Veh No: JU	D1116E INC (	)/Non-INC( )	* **
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by: (	Date:	Time:	)
	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	- Sumania - Pesson - Mario
Excess: (\$ ) Loading: \$			
General Remarks:		The last of the special control of the second	
( ) Walk-In Customer: Customer's i	information strictly Confidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.		32
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( )/NO( );T	owing Co: (	)
Remarks:- (INC horline: 6788 6616	Control of the Contro	1.00	Done by
	/ Courtesy Car ( )	Date&Time Completed	ser, abone by
	7 Courtesy Car ( )		
2) U.C. C. Deck / Post Repair Inspection	(		
QC Check / Post Repair Inspection     Upload Resurvey Photo (Repair Cost >	( )	<del>                                     </del>	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		
	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >		1 12 1	in the state of th
3) Upload Resurvey Photo [Repair Cost > Injury:	( ) •\$3000] ( )		in the second se
3) Upload Resurvey Photo [Repair Cost > Injury:			
3) Upload Resurvey Photo [Repair Cost > Injury:			Saffacian No.
3) Upload Resurvey Photo [Repair Cost > Injury:			Section 1997
3) Upload Resurvey Photo [Repair Cost > Injury:			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions			Ant (5) Amt (5)
Algorary	Invoice Prep	aration Checklist	i i
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoice Prep  1) AR: Accident 2) DA: Damage A	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5) Amt (3) fit Bill Add Bill
Algorary	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	varation Checklist Reporting (\$30); Assessment (\$100); INC (\$80 8 \$40/	Ant (5) Amt (3) fit Bill Add Bill
Algoray	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Paration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$86; 6 \$40/ rough Survey \$ rough Survey (Resurvey)	Ant (5) Amt (1)  (8) Bill Add Bill  ))  \$45 120 \$30
Algoray  Algoray  Actions  Algoray  Aimant's Particulars:- iver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$80); Fough Survey \$ Frough Survey (Resurvey)  ainst INC Only (wef 10 Jan 2005)	Ant (5) Amt (1)  (8) Bill Add Bill  ))  \$45 120 \$30
Algoray  Algoray  Algoray  Algoray  Aimant's Particulars:-	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA +	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  Fough Survey (\$200);  Application of the control of the co	Anit (5) Amit (3)  (1) Amit (3)  Add Bill  (3)  (4)  (4)  (5)  (5)  (6)  (7)  (7)  (8)
Algoray  Actions  Algoray  Actions  Aimant's Particulars:- iver/Owner:  ntact No:  maged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  Fough Survey (\$200);  Application of the control of the co	Anit (5) Anit (1)  (1) Anit (1)  Add Bill  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (9)  (9
Algoray  Algoray  Actions  Algoray  Aimant's Particulars:- iver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy	Aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Frough Survey Survey (Resurvey)  ainst INC Only (wef 10 Jan 2005) tion SMRT Survey S	Ant (5) Ant (1)  fit Bill Add Bill  345 120 530 575 160
Algoray  Actions  Aimant's Particulars: iver/Owner: maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD.*	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment	Ant (5) Amt (1)  (1) Amt (2)  Ant (3)  Add Bill  345 120 530 575
Algoray  Algoray  Actions  Actions  Almant's Particulars:- iver/Owner:  Intact No:  Checked by (Engr-In-Charge):  ditors' Comments::	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD: N5: Courtesy N6: Repair Co N7: Fost Repair N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$80); Frough Survey (Resurvey) Admits INC Only (wef 10 Jan 2005) Admits	Ant (5) Amt (1)  78 Bill Add Bill  345 120 530  575 160  55 510 525 55
Algoray  Actions  Aimant's Particulars: iver/Owner: maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i-T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD: N5: Courtesy N6: Repair Co N7: Fost Repair N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$86); Assessment (\$100); INC (\$100); As	Ant (5) Ant (1)  Fit Bill Add Bill  330  575  160  53  310  525

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	The state of the s
	ACCIDENT STATEMENT
Date Of Report	23/08/2018 17:26
Date Of Accident	23/08/2018 15:10
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM5287H
Insured/Policyholder	
Name Of Registered Owner	ADIGUNARWAN BIN DASOEKI
NRIC No	S1488093C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98735660
Alternative Phone No	OFFICE-98735660
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	TERIOS SX 1.5 AT ABS D/AIRBAG 2WD 5 DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093879590
Cover Note Number	
Driver	

Cover Note Number	
Driver	
Name of Driver	ADIGUNARWAN BIN DASOEKI
NRIC No	S1488093C
Date Of Birth	26/04/1961
Occupation	INDOOR
Date Of Driving Pass	04/10/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98735660
Fax Number	
Contact Number	OFFICE-98735660
EMail Address	NOEMAIL

BLK 730 JURONG WEST STREET 72 Address

#13-43

Postcode 640730

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

NO

NAME:

2

NO

NO

: SITI SALAMAH M MOKHTAR

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLD1116E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out i i this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

## ACCIDENT STATEMENT

ē
Fī)
í
is a second
60
0
338
-
-
)
)
)
)
)
)
)) 
) 
)) 
) 
» ————————————————————————————————————
» ————————————————————————————————————
»
»
» ————————————————————————————————————
5

email =

fax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1488093C



Name



### ADIGUNARWAN BIN DASOEKI

Race

**JAVANESE** 

Date of Birth

Sex

26-04-1961

М

Country of Birth

SINGAPORE



# REPUBLIC DESIME AND RESERVE

DELYNOR BENEVIOL



Licence Number: S 1 4 8 8 0 9 3 C

Name:

ADIGUNARWAN BIN DASOEKI

Birth Date: 26 Apr 1961

Issue Date: 12 Aug 2003





NRIC No. S1488093C



Blood Group

Date of issue

0+

19-05-1992

APT BLK 730 JURUNG WEST STREET /2#13-43 SINGAPORE 640730

NRIC No:

S1488093C

15-05-2001

Date:

No: 3985980

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Class 3 Motorcycles not exceeding 200 cc

Motor Cats and Motor Tractors the weight of which which does not receed 2500 kilograms

24 Feb 1984 04 Oct 1982



<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Language	Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy !	No.				Date	e of Accident		23/08/2018 1	15:10	
	Vehicle	No.(For Motor)	SKM5	SKM5287H			Certificate Number				
						Search	l.				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5093879590		ADIGUNARWAN BIN DASOEKI	S1488093C	GPC	drivo CLASSIC	SKM5287H	SKM5287H	31/08/2017	11/09/2018
					- 1	Continue					

Policy No.	5093879590	Policyholder Name	ADIGUNARY	WAN BIN DASOEKI	Policyholder NRIC	S1488093C	
Certificate No.							
Address	BLK 730 #13-43 JURONG WE	ST STREET 72 S	INGAPORE 64	10730			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	31/08/2017	Effective Date	31/08/2017	00:00	Expiry Date	11/09/2018 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policy	holder Mailing Address						
Address 1	BLK 730 #13-43	Addre	ess 2	JURONG WEST ST	REET 72	Address 3	SINGAPORE 640730
		Addre	ess Type	Singapore address		Post Code	640730
Address 4			ed Policy	F007070F00			
110000000000000000000000000000000000000		Relat		5093879590			
Unit No.	ed Object: SKM5287H			5093879590			
Address 4 Unit No.  Insure Endor				20938/9590			

Claim Handling					· Ex
Accident MT/1008480					
Policy No.	5093879590	Vehicle No.	SKM5287H	GST Registration No.	
Certificate No.					
Policyholder Name	ADIGUNARWAN BIN DASOEKI			Policyholder NR3C	S1488093C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	98735660	Contact No. (Office)	0	Contact No. (Home)	0
Emeri Address		Special Remark		eCode	10.0
KFK	⊕ Ne ⊜ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<ul> <li>Accident Details</li> </ul>					
Report Date	23/08/2018 18:00	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/08/2018	Time of Accident hh.mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	JUNC BEDOK NORTH RD & BEDOK NORTH A	we i			
<b>▽</b> Benefits					
♥ Excess					
Own damage Excess	600,00	Additional Excess	0	Windscreen Excess	100,00
Unnamed Driver Excess	0.00	Outside Singapore OD Eucess	600.00		
Triving Painty Excess	0.00	Outside Singapore TP Excess	0.00		
□ GST Registered Inform	ation				
GST Registered	No.		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
□ Policyholder Hailing Ad	ldress				
Address 1	BLK 730 #13-41	Address 2	JURDING WEST STREET 72	Address 3	SINGAPORE 640730
Address 4		Address Type	Singapore address	Post Code	640730
Unit No.		Related Policy Number	5093879590		
OI Driver Info			2000000000		
Onver Name	ADIGUNARWAN BIN DASOEKI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	\$1488093C	Driver DOS	26/04/1961
Register Date of Driver License	04/10/1982	Driver Age	57	Driving Experience	35
Concact No.(Mobile)	98735660	Contact No. (Office)	0	Contact No.(Home)	0
Address t	BLK 730	Address 2	JURIONG WEST STREET 72	Address 3	SUNGAPORE 640730
Address 4		Address Type	Singapore address	Post Code	640730
Unit No.	13-43				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathelyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Manager Manager					
Claim 001 New					
	-				1 (2000)
Claim Type *	00-MX	Insured Name	ADIGUNARWAN BIN DASOEKI	Insured NRIC	51488093C
Contact No. (Mobile)	98735660	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	The state of the s	Of Vehicle Number	SKM5287H	TP Vehicle Number	SLD1116E
Claimant Type Claimant Type *		Type of Benefit. * Claimant NR3C *	Please Select		
Claimant Name *	EVENTATION I EL DITTURE CAL 22 Avec 2018	CHEMINIS NRIC .		Thomas of Post-out works	
Claim Description Preferred Workshop Contact	SKM5287H / SLD1116E ON 23 Aug 2018	158800000000000	The second secon	Name of Preferred Workshop	
No.	E-100	Insured Liability *	Not at Fault	40000000	
Require Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
Date Registered	23/08/2018 18:02	Claim Close Date		Date Received	23/08/2018 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
o .					
Accident No.	MT/1008480	Claim No.	901		
Last Doc. Received	∀es ○ No	Upload Date	23/08/2018 16:03		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select V	NO Y Normal	<u> </u>
		Browse	Dear Please Select	NO V Normal	V
		Browse	Clear Please Select	ric V Normal	V
			The state of the s		
1		Browse	Dear Please Select	Normal V Normal	V

